

Article - Health - General

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§18–214.

(a) In this section, “vaccine” means a product intended to elicit, in humans, active or passive immunity against an infectious agent or product of an infectious agent.

(b) There is a Statewide Advisory Commission on Immunizations.

(c) The Commission consists of the following members:

(1) One physician member of MedChi, The Maryland State Medical Society;

(2) The chair of the Maryland Childhood Immunization Partnership;

(3) Two physician members of the Maryland Chapter of the American Academy of Pediatrics with experience in private practice and infectious diseases;

(4) One physician member of the Maryland Academy of Family Physicians;

(5) One physician member of the American College of Physicians – Internal Medicine Society of Maryland;

(6) The executive director of the Maryland Partnership for Prevention;

(7) One local health officer;

(8) One representative from the Department’s Vaccines for Children Program;

(9) One representative from the Maryland school system with knowledge of the immunizations required of children entering schools;

(10) The Maryland State Epidemiologist;

(11) One representative from a public health consumer advocacy group;

- (12) One nurse practitioner;
- (13) One representative from a health insurance carrier;
- (14) One consumer; and
- (15) One pharmacist.

(d) The Secretary shall appoint the membership of the Commission, based on the recommendation of the appropriate medical society or agency.

(e) (1) The Secretary, in consultation with MedChi, The Maryland State Medical Society, shall appoint the chair of the Commission.

(2) The chair of the Commission shall:

(i) Establish subcommittees to facilitate the work of the Commission; and

(ii) Appoint subcommittee chairs from among the Commission members.

(f) (1) The term of an appointed member is 3 years.

(2) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.

(3) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(4) A member may be appointed for more than one term.

(5) The terms of the members of the Commission are staggered as required by the terms provided for the members of the Commission on June 1, 2010.

(g) A member of the Commission may not receive compensation but is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(h) The Department shall provide the staffing for the Commission.

(i) The Commission shall:

(1) Determine where community vaccine shortages exist and which vaccines are in short supply;

(2) Develop a recommendation for a plan to effectuate the equitable distribution of vaccines;

(3) Review:

(i) Potential provider reimbursement barriers to increasing immunizations;

(ii) The relative effectiveness of outreach programs that educate the public about the benefits of immunizations;

(iii) Potential cost-shifting of immunization expenses for privately insured patients who receive immunizations at local health departments; and

(iv) Potential administrative burdens associated with State purchasing of vaccines;

(4) Based on the review required under item (3) of this subsection, make recommendations on how to increase immunizations, including catch-up immunizations, among adults, adolescents, and children who are recommended to receive immunizations; and

(5) Study and make recommendations about other related issues as determined by the Commission, including:

(i) Immunizations required of children entering schools;

(ii) All available options for the purchasing of vaccines, including the development of a Universal Vaccine Purchasing System, or a similar program to increase access to necessary vaccines, for the State;

(iii) An update on the status of the use of thimerosal in vaccines, including the availability and affordability of thimerosal-free vaccines, and any other issue related to the use of thimerosal in vaccines that is identified by the Commission;

(iv) Elimination of any vaccine distribution disparities;

(v) A public education campaign in the event of a vaccine shortage or public health emergency involving immunizations; and

(vi) The availability and affordability of adult, adolescent, and childhood vaccines.

(j) The Commission may recommend to the Department that information on vaccine safety be communicated to health care providers.

(k) On or before December 15 of each year, the Commission shall submit a report on its findings and recommendations to the Governor and, in accordance with § 2–1257 of the State Government Article, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.

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